

State of South Dakota
Candidate's or Committee's Report of Receipts and Expenditures



postmarked Oct 31st
RECEIVED
NOV 03 2006
S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition.
PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070

See "South Dakota Campaign Finance Reporting Guidelines" for specific instructions on completing this report.

Name of Candidate or Committee: Initiated Measure #2: Tax Tobacco: Save Lives.Save Money

Complete Mailing Address: PO BOX 1054 Pierre, SD. 57501

Name of Person Making Report: Mike Knuth

Daytime Phone Number: 605-212-2405

If you are a candidate, what office are you seeking: na

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Initiated Measure # 2- Proponent

Type of Report: Pre-General

For Reporting Period Ending: October 28, 2006

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I, Mike Knuth (type name), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 10/30/2006


Candidate Signature of Signature of Committee Treasurer or Chairperson

Revised March 1999

Ver 1.01

Filed this 3rd day of
November 06
Chi Nelson
SECRETARY OF STATE

Name of Candidate or Committee:
For the reporting period ending:

Initiated Measure #2: Tax Tobacco: Save Lives.Save Money
October 28, 2006

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals:

\$700.00

Itemized Contributions from Individuals:

Name	Residence Address	Place of Employment (Name of Employer)	Amount
Dr. John Barlow	13880 Clydesdale Road, Rapid City, 57022	Retired	\$500.00
Medical Associates of the BH, LLC	640 Flormann Street, Rapid City, 57701	Medical Associates of the BH, LLC	\$500.00
Center for Family Medicine	1115 E. 20th, Sioux Falls, 57105	Center for Family Medicine	\$200.00
Horizon Healthcare	PO Box 99, Howard, SD, 57349	Horizon Healthcare	\$100.00
Dr. Allen Nord	2411 Cameron Drive	Medical Arts Clinic	\$100.00
Academy of Family Physicians	717 St. Francis, Rapid City, SD, 57701	Academy of Family Physicians	\$1,000.00
Medical Arts Clinic	717 St. Francis, Rapid City, SD, 57701	Medical Arts Clinic	\$400.00
Brown Clinic	506 1st Ave. SE, Watertown, SD, 57201	Brown Clinic	\$500.00
Black Hills Surgery Center	1868 Lombardy Drive, Rapid City, SD, 57701	Black Hills Surgery Center	\$1,500.00
Community Healthcare Association of the Dakotas	Po Box 1030, Watertown, SD, 57201	Community Healthcare Association of the Dakotas	\$1,500.00
Delta Dental Plan of SD	720 N. Euclid, Pierre, SD, 57501	Delta Dental Plan of SD	\$10,000.00
Human Service Agency	123 19th St. NE, Watertown, SD, 57201	Human Service Agency	\$200.00
SD Assoc. of HealthCare Organizations	3709 Brooks Place, Suite 1,	SD Assoc. of Healthcare Organizations	\$55,000.00
Childrens Care Hospital and School	2501 W. 26th St., Sioux Falls, 57105	Childrens Care Hospital and School	\$1,000.00
Wellmark Blue Cross Blue Shield	1601 W. Madison St., Sioux Falls, SD, 57104	Wellmark Blue Cross Blue Shield	\$10,000.00
DakotaCare	1323 S. Minnesota Ave., Sioux Falls, SD, 57105	DakotaCare	\$10,000.00
Dr. Larry Ebbert	6603 Elk Creek Road, Piedmont, SD, 57769	Rapid City Medical Center	\$500.00
SD Academy of Physicians Assistants	PO Box 182, Timberlake, SD, 575656	SD Academy of Physicians Assistants	\$500.00
SD Assoc. of HealthCare Organizations	3709 Brooks Place, Suite 1,	SD Assoc. of Healthcare Organizations	\$2,000.00
Rapid City Medical Center, LLP	1868 Lombardy Drive, Rapid City, SD, 57701	Rapid City Medical Center	\$200.00
American Heart Association	PO Box 90545, Sioux Falls, SD, 57109	American Heart Association	\$15,000.00
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Gieb, Elston & Frost	1703 S. Dakota, Aberdeen, SD, 57401	Gieb, Elston & Frost	\$500.00
SD Chiropractors Association	25101 Foster Bay Road, Hayes, SD, 57537	SD Chiropractors Association	\$1,000.00
Dr. Rodney Parry	1805 S. Pendar Lane, Sioux Falls, SD, 57105	USD School of Medicine	\$250.00

Total of Itemized Contributions from Individuals:

\$127,450.00

For the reporting period ending:

October 28, 2006

Unitemized Contributions from Political Parties:

Itemized Contributions from Political Parties:

[illegible]

Total Contributions from Political Parties:	\$0.00
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Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.

[illegible]

Total Contributions from Political Action Committees:		\$0.00
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Total of All Direct Contributions: **\$128,150.00**

Initiated Measure #2: Tax Tobacco: Save Lives.Save Money

For the reporting period ending:

October 28, 2006

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
NA	
Total:	\$0.00

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Consulting	American Cancer Society: 221 S. Central, Pierre, SD 57501	\$78,750.00
Legal Support	American Cancer Society: 221 S. Central, Pierre, SD 57501	\$576.64
Telecommunications	American Cancer Society: 221 S. Central, Pierre, SD 57501	\$288.25
Promotional Items	American Cancer Society: 221 S. Central, Pierre, SD 57501	\$5,696.11
Event costs	American Cancer Society: 221 S. Central, Pierre, SD 57501	\$1,156.30
Advertising	American Cancer Society: 221 S. Central, Pierre, SD 57501	\$100,000.00
Printing	American Cancer Society: 221 S. Central, Pierre, SD 57501	\$5,466.44
Postage	American Cancer Society: 221 S. Central, Pierre, SD 57501	\$5,541.77
Advertising	SD Tobacco Free Kids Network: 221 S. Central, Pierre, SD 57501	\$18,033.97
Travel	American Heart Association: PO Box 90545, Sioux Falls, SD 57109	\$1,699.56
Advertising	American Heart Association: PO Box 90545, Sioux Falls, SD 57109	\$250.00
Printing	American Heart Association: PO Box 90545, Sioux Falls, SD 57109	\$1,867.31
Promotional Items	American Heart Association: PO Box 90545, Sioux Falls, SD 57109	\$4,500.00
	Total:	\$223,826.35

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Total:	\$0.00

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This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. **All contributions to candidates and committees must be listed individually.**

[illegible]

For the reporting period ending:

October 28, 2006

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

[illegible]

Name of Candidate or Committee:
For the reporting period ending:

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Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period.

1.	Amount on hand, if any, at the beginning of the reporting period:	\$15,575.90
2.	Receipts	\$ 15,571.90
	Schedule A - Direct Contributions	\$128,150.00
	Schedule B - Fund-Raising Events	\$0.00
	Schedule C - In Kind Contributions	\$223,826.35
	Schedule D - Other Income	\$0.00
	Total of all Receipts	\$351,976.35
3.	Total Monetary Receipts	\$128,150.00
4.	Candidate's Personal Contribution to Own Campaign	<u>\$0.00</u>
5.	Monetary Loans to Candidate or Committee During Reporting Period	<u>\$0.00</u>
6.	Monetary Loans Repaid During Reporting Period	<u>\$0.00</u>
7.	Expenditures - Schedule E	\$119,364.15
8.	Unpaid Obligations - Schedule F	\$0.00
9.	Amount on hand at the close of this reporting period. *	\$ 24,357.75 \$24,364.75

*The amount on hand at the close of the reporting period should equal the amount of money which the committee has on hand in all checking, savings and cash accounts on last day of the reporting period.